Department of Health & Human Services
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2325
Boston, MA 02203

Northeast Division of Survey & Certification

February 4, 2019

Dr. David Tupponce, M.D., President and CEO
Central Maine Medical Center
300 Main Street
Lewiston, ME 04240

Re: **CMS Certification Number: 200024**
Survey ID: IGT911, 01/11/2019
Initial Notice of Termination

Dear Dr. Tupponce:

Section 1865 of the Social Security Act (the Act) and Centers for Medicare & Medicaid Services (CMS) regulations provide that a provider or supplier accredited by a CMS-approved Medicare accreditation program will be "deemed" to meet all of the Medicare Conditions of Participation (CoPs) for hospitals. In accordance with Section 1864 of the Act, State Survey Agencies may conduct at CMS's direction, surveys of deemed status providers on a selective sampling basis, in response to a substantial allegation of noncompliance, or when CMS determines a full survey is required after a substantial allegation survey identifies substantial noncompliance. CMS uses such surveys as a means of validating the accrediting organization's survey and accreditation process.

A survey conducted by the Department Of Health And Human Services (State Survey Agency) at Central Maine Medical Center on January 11, 2019 found that the facility was not in substantial compliance with the following CoPs for hospitals:

42 CFR § 482.12 - Governing Body
42 CFR § 482.21 - QAPI
42 CFR § 482.55 - Emergency Services

As a result, effective January 11, 2019, your deemed status has been removed and survey jurisdiction has been transferred to the State Survey Agency.

A listing of all deficiencies found is enclosed (Form CMS-2567, Statement of Deficiencies and Plan of Correction).

When a hospital, regardless of whether it has deemed status, is found to be out of

compliance with the CoPs, a determination must be made that the facility no longer meets the requirements for participation as a provider or supplier of services in the Medicare program. Such a determination has been made in the case of Central Maine Medical Center and accordingly, the Medicare agreement between Central Maine Medical Center and CMS is being terminated. The date on which the Medicare agreement terminates is May 4, 2019.

The Medicare program will not make payment for services furnished to patients who are admitted on or after May 4, 2019. For inpatients admitted prior to May 4, 2019, payment may continue to be made for a maximum of 30 days of inpatient services furnished on or after May 4, 2019. You should submit as soon as possible, a list of names and Medicare claim numbers of beneficiaries in your facility on May 2, 2019 to **Nancy Hannah,** DHHS/CMS, JFK Federal Building, Room 2325, Boston, MA, 02203 to facilitate payment for services to these individuals.

A public notice of termination will be posted on the CMS website at least fifteen days prior to termination date at:

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Termination-Notices.html

Termination can only be averted by correction of the deficiencies, through submission of an acceptable plan of correction (PoC) and subsequent verification of compliance by the State Survey Agency. The Form CMS-2567 with your PoC, dated and signed by your facility's authorized representative, must be submitted to **the Maine State Survey Agency** no later than February 14, 2019. Please indicate your corrective actions on the right side of the Form CMS-2567 in the column labeled "Provider Plan of Correction", keying your responses to the deficiencies on the left. Additionally, indicate your anticipated completion dates in the column labeled "Completion Date".

An acceptable PoC must contain the following elements:

1. The plan for correcting each specific deficiency cited;
2. The plan for improving the processes that led to the deficiency cited, including how the hospital is addressing improvements in its systems in order to prevent the likelihood of recurrence of the deficient practice;
3. The procedure for implementing the PoC, if found acceptable, for each deficiency cited;
4. A completion date for correction of each deficiency cited;
5. The monitoring and tracking procedures that will be implemented to ensure that the PoC is effective and that the specific deficiencies cited remain corrected and in compliance with regulatory requirements; and
6. The title of the person(s) responsible for implementing the acceptable PoC.

Copies of the Form CMS-2567, including copies containing the facility's PoC, are releasable to the public in accordance with the provisions of Section 1864(a) of the Act and 42 C.F.R. § 401.133(a). As such, the PoC should not contain personal identifiers, such as patient names, and you may wish to avoid the use of staff names. It must, however, be specific as to what corrective action the hospital will take to achieve compliance, as indicated above.

If an acceptable POC is timely submitted, your facility will be revisited to verify necessary corrections. If CMS determines that the reasons for termination remain, you will be so informed in writing, including the effective date of termination. If corrections have been made and your facility is in substantial compliance, the termination procedures will be halted, and you will be notified in writing.

If your Medicare agreement is terminated and you wish to be readmitted to the program, you must demonstrate to the State Survey Agency and CMS that you are able to maintain compliance. Readmission to the program will not be approved until CMS is reasonably assured that you are able to sustain compliance.

If your Medicare agreement is terminated and you do not believe this termination decision is correct, you may request a hearing before an Administrative Law Judge (ALJ) of the Department of Health and Human Services, Departmental Appeals Board. Procedures governing this process are set out in regulations at 42 C.F.R. Part 498. An appeal/request for hearing must be filed no later than sixty (60) calendar days from the date of receipt of the initial notice of termination.

You must file your appeal electronically at the Departmental Appeals Board Electronic Filing System Web site (DAB E-File) at https://dab.efile.hhs.gov, unless you have received approval from the Civil Remedies Division (CRD) to file in hardcopy. It is important that you also send a copy of your request for hearing to this office to the attention of: Survey Branch, Northeast Consortium Division of Survey & Certification, Centers for Medicare and Medicaid Services (CMS), JFK Federal Building, Room 2275, Government Center, Boston, MA 02203. A request for a hearing should identify the specific issues, the findings of fact and the conclusions of law, if applicable, with which you disagree. You may be represented by counsel at a hearing at your own expense.

If you have any questions, please contact **Nancy Hannah at 617 565-1327**.

Sincerely,

Lauren D. Reinertsen, M.P.A, Ph.D.
Associate Regional Administrator
Northeast Division, Survey & Certification

Enclosure: Form CMS-2567

cc: State Survey Agency
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